PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

PHARMI

TIONAL

FEE

بت

CLAIMS AS	FILED - PART I (Column 1)	(Column 2)
TOTAL CLAIMS	32	NUMBER EXTRA
FOR	NUMBER FILED 9 2 minus 20=	. 12
TOTAL CHARGEABLE CLAIMS	44 minus 3 =	11
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM F	PRESENT	wat in column 2

SMALL ENTITY TYPE		OR.	OTHER THAN SMALL ENTITY		
	T FFE	1	RATE	FEE	
RATE	FEE		RASIC FEE	710.0	

TYPE -			OR	SMALL	NIIII	^
7		FEE	1	RATE	FEE	J
1	RATE	PEE			710.00	
	BASIC FEE	355.00	OR	BASIC FEE		1
		108.00] ~
	X\$ 5-	1		L VOL		0
	X40=	1400	\$ OB		+	1
	125-	T	OF	1	1 _	l
	+135=	4	4~.	TOTAL	1	\neg
	TOTAL	903.	1 0	TOTAL	R.THAN	
				OTHE	H .1 11.7.	

ADDI-

TIONAL

FEE

RATE

X\$ 9=

X40 =

+135=

TOTAL

• If the difference in column 1 is less than zero, enter "0" in column 2

OTHER THAN SMALL ENTITY OR SMALL ENTITY ADDI-

OR

OR

OR

RATE

X\$18=

X80=

+270-

TOTAL OR ADDIT FEE

• # #	re difference ii	AIMS AS A	MENDED	- PART II	0)
2	CL	(Column 1)	· 1	(Column 2) HIGHEST	(Column 3)
3	270	CLAIMS REMAINING AFTER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
E		AMENDMENT		.30	-10
OM	Total	·	Minus Minus	m. 12'	=. (7)
	Independent	1.0	ALL TIPLE DE	PENDENT CLAIM	
112	FIRST PRES	ENTATION OF N	NOCTH CE DE		- אמע

N OF MULTIPLE	C DUI CITI	
BEST AV	AILABLE	COPY

				(Column 2)	(Column 3)
8		(Column 1) CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT B		AMENDMENT	Minus	••	=
No	Total	<u> </u>	Minus	***	=
	Independent	I.	ILII TIPLE DE	PENDENT CLAIM	A D
114	FIRST PRES	ENTATION OF N			

ΑĪ	ADDIT. FEE						
5	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ł	X\$ 9=	FEE	oЯ	X\$18=		١	
	X40=	1	OR	X80=	<u> </u>	1	
		1	OR	+270=			
	+135= TOTA ADDIT. FE		OF	TOTA	IL .	_	

o		(Column 1) CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
ENT		AMENDMENT	Minus	••	=
AMENDME	Total Independent	•	Minus	DENDENT CLAIR	J=
II§	FIRST PRES	ENTATION OF N	IULTIPLE DE	PENDENT CLAIM	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." If the regress number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

A	ADDIT. FEE						
[RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	X\$ 9=		OR	X\$18=			
١	X40=	-	OR	X80=			
1		+	OR	+270=			
	+135=		OR	TOTA ADDIT. FE	L		
o.*	ADDIT. FE	٤ ـــــــا	_1	AUDIT. FC			

FORM PTO-875 (Rev B/MM)